

Bacterial Meningitis & Bacteremia Case Report

(Excludes *Haemophilus influenzae* type B Invasive Infections)

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|--|---|
| P A T I E N T | <p>Name: _____</p> <div style="display: flex; justify-content: space-between; width: 100%;"> Last First MI </div> <p>Address: _____</p> <div style="display: flex; justify-content: space-between; width: 100%;"> Street City </div> <p>_____</p> <div style="display: flex; justify-content: space-between; width: 100%;"> County State Zip Code () Phone # </div> <p>DOB: _____ Sex: _____ Race: _____ Hispanic Yes No (W=White, B=Black, I=Am Indian, A=Asian, O=Other)</p> |
| M E D I C A L | <p>DATE OF ONSET: _____ HOSPITALIZED: Yes No If Yes, ADMIT DATE: _____</p> <p>Hospital Name: _____ Physician Name: _____ Phone: () _____</p> <p>DIED: Yes No If Yes, DATE OF DEATH: _____</p> <p style="text-align: center;">TYPE OF INFECTION CAUSED BY THE ORGANISM (Check all that apply)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input type="checkbox"/> Primary Bacteremia</p> <p><input type="checkbox"/> Osteomyelitis</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Meningitis</p> <p><input type="checkbox"/> Cellulitis</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Epiglottitis</p> <p><input type="checkbox"/> Conjunctivitis</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Septic Arthritis</p> <p><input type="checkbox"/> Otitis media</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Pericarditis</p> <p><input type="checkbox"/> Peritonitis</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Pneumonia</p> </div> </div> <p>Other (Specify): _____</p> |
| L A B D A T A | <p>Date When First positive culture obtained: _____</p> <p>SPECIMEN FROM WHICH ORGANISM WAS ISOLATED: _____</p> <div style="display: flex; justify-content: space-between; width: 100%;"> CSF Blood Joint Fluid Pleural Fluid Placenta </div> <div style="display: flex; justify-content: space-between; width: 100%;"> Pericardial Fluid Peritoneal Fluid Other _____ </div> <p>BACTERIAL SPECIES ISOLATED FROM ANY NORMALLY STERILE SITE (Check one)</p> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> <i>Neisseria meningitidis</i> <input type="checkbox"/> Group A <i>Streptococcus</i> <input type="checkbox"/> <i>Streptococcus pneumoniae</i> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Group B <i>Streptococcus</i> <input type="checkbox"/> <i>Listeria monocytogenes</i> </div> <p><input type="checkbox"/> Other (SPECIFY) _____</p> <p>IF THE ORGANISM ISOLATED WAS <i>NEISSERIA MENINGITIDIS</i>, WHAT SEROGROUP? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Y <input type="checkbox"/> W135 <input type="checkbox"/> Not Groupable <input type="checkbox"/> Unknown</p> <p>If <i>Neisseria meningitidis</i> was isolated from BLOOD or CSF, was it resistant to SULFA? Yes No Not Tested</p> <p>If <i>Neisseria meningitidis</i> was isolated from BLOOD or CSF, was it resistant to RIFAMPIN? Yes No Not Tested</p> <p>If <i>Streptococcus pneumoniae</i> was isolated from CSF, was it resistant to PENICILLIN? Yes No Not Tested</p> |
| R E M A R K S | |

Complete this section for meningococcal (*Neisseria meningitidis*) infections only.

Did any member of the patient's household have a similar illness during the 60 days prior to onset? YES NO

Name: _____ DOB: _____ Relationship: _____ Date of Illness: _____

Total number of household contacts: _____ Number who were prophylaxed: _____ Date prophylaxed: _____

Did the patient attend/work at a day-care center/home during the 60 days prior to onset? YES NO

Name of center/home: _____ Address: _____ Date last attended: _____

Total classroom contacts: _____ Students _____ Staff Number Prophylaxed: _____ Students _____ Staff

Did any other child in this center have a similar infection during the 60 days prior to onset? YES NO

If yes list names, date of illness, and complete a Bacterial Meningitis form for each case:

The following groups of individuals should receive chemoprophylaxis after exposure to meningococcal disease

- All family contacts or household members who spend at least 8 hours a day with the case.
- Classroom contacts in the day-care center or day-care home attended by the case.
- Persons directly exposed to infectious oral secretions
- Index case(s) should receive prophylaxis prior to discharge

It is important that antimicrobial chemoprophylaxis be administered as soon as possible, ideally within 24 hours. Chemoprophylaxis given more than 14 days after exposure is of limited value.

When prophylaxis is indicated, it should be administered to all eligible contacts at the same time to eliminate the organism from that population. Prophylaxis should begin within 24 hours of diagnosis or strong suspicion of case. Culturing of contacts is not recommended. Prophylaxis should not substitute for close observation of case contacts for symptoms.

Drugs and Dosage Recommendations for Meningococcal Chemoprophylaxis

| Drug | Age Group | Dosage ¹ | Duration |
|----------------------------|--------------------------------|---------------------|----------------|
| Sulfisoxazole ² | Infants | 500mg/day | 2 days |
| | Children 1 -12 years | 500mg q 12hours | 2 days |
| | Persons >12 years | 1 gram q 12 hours | 2 days |
| Rifampin | Children < 1 month | 5mg/kg q 12 hours | 2 days |
| | Children ≥ 1 month | 10mg/kg q 12 hours | 2 days |
| | Adults ³ | 600mg q 12 hours | 2 days |
| Ciprofloxacin | Adults ³ > 18 years | 500mg | Single dose |
| Ceftriazone | Children < 15 years | 125 mg | Single IM Dose |
| | Adults | 250mg | Single IM dose |

1 - All doses are oral unless otherwise specified.

2 - Only given if organism is known to be sensitive.

3 - Pregnant women should not take rifampin or ciprofloxacin

Investigated by: _____ Date: _____

Agency: _____ Phone #: () _____